State of Hawaii **Public Utilities Commission Telecommunications Relay Services Carrier Remittance Worksheet** For the Period July 1, 2011 - June 30, 2012

SECTION A	CARRIER IDENTIFICATION			
Date:	Company Code: H	W000		
Company Name:				
Mailing Address:				
Email Address:				
Phone Number:	()			
SECTION B	REMITTANCE CALCULATION			
1. Gross Revenues	(Based on Prior Calendar Year)			
(e.g., Current year is 2011; Report revenues from 1/1/2010 – 12/31/2010) (Amount should match gross revenues reported for Hawaii PUC Fee purposes, HRS § 269-30)				
Less: Revenue Adjustments (describe, see Section E) < >				
3. Gross Intrastate Retail Revenues				
4. Hawaii TRS Con	.0012			
5. Gross Hawaii TRS Assessment (line 3 x line 4)				
6. Greater of line 5 or \$12.00 (minimum due)				
If Line 6 is less than \$1,200, this is your annual contribution to the TRS Fund for the period beginning July 1 st of the current year to June 30 th of the following year. Please pay the amount on line 6, in full, by July 26 th of the current year. Send your remittance with a copy of this worksheet to the address listed below.				
If Line 6 is \$1,200 or more, continue to line 7 below.				
SECTION C	MONTHLY CONTRIBUTION			
7. Divide line 6 by 12				
Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1 st of the current year to June 30 th of the following year. Send your 1 st monthly remittance with a copy of this worksheet to the address listed below.				

SECTION C	MONTHLY CONTRIBUTION		
7. Divide line 6 by 12			
Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1 st of the current year to June 30 th			
of the following year. Send your 1st monthl	y remittance with a copy of this worksheet to the add	dress listed below.	

Please pay the amount on line 7 by July 26th. Solix Inc. will then send you a bill for the remaining eleven monthly payments.

SECTION D	C	ERTIFICATION	
	es as provided by law, I certify that I at the information is true and correct t		
Date	Officer / Authorized Name	Officer / Authorized Sig	nature Title
Contact Name & Title (if different from above)		Contact Phone	Contact email address

Questions??? **Hawaii TRS Administrator**

Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054 Phone (973) 581-7693 Fax (973) 599-6504

Make checks payable to "Hawaii TRS" and send with worksheet to:

Attn: Hawaii TRS Administrator

Solix Inc. 30 Lanidex Plaza West, P.O. Box 685 Parsippany, NJ 07054

Company Name:	Company Code: HW000
SECTION E DETAILS CONCER	NING REVENUE ADJUSTMENT(S)
If revenue adjustment(s) are not explained h	ere, amounts deducted may be disallowed and
proposed assessments may be prepared ag	ainst you.
Describe amounts deducted from Gross Rev	renues to obtain Gross
Intrastate Retail Revenues (list):	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
	TOTAL